

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018494

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 312

Primary Registration District No. 500

Registrar's No. 1370

FILED MAY 8 1963

VS 300
Rev. 4/59

1 4000

2 2159

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9 442X

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12 86-0

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88

USE BLACK INK
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		Length of stay in 1b 3 Yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home		d. STREET ADDRESS (If outside, give location) 4429 Bingham Ave.	
3. NAME OF DECEASED (Type or print) First MICHAEL Middle J. Last EBNER		4. DATE OF DEATH Month Apr. Day 24 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-12-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Operator of A Truck		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Ebner		13b. MOTHER'S MAIDEN NAME Susanna Reiter	
14. NAME OF HUSBAND OR WIFE Late Barbara Ebner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No	
16. SOCIAL SECURITY NO. 7		17. INFORMANT Madeline Kohlmeyer 4429 Bingham Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO-VASCULAR RENAL DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SENILITY DUE TO (c) 442X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from JUNE 2, 1960 to APRIL 24, 1963 and last saw ^{her} him alive on APRIL 23, 1963 Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N. R. Loving M.D.		22b. ADDRESS BALLWIN, MO.	
22c. DATE SIGNED 4-25-63		23. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 27, 1963	
23c. LOCATION (City, town, or county) St. Louis Co. Mo.		23d. DATE RECD. BY LOCAL REG. 4-25-63	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.		25. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Dunn

Licensed Embalmer No. 4527

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.